



APPLICATION FOR INDIVIDUAL MEMBERSHIP

How did you hear about PRIMA? _____

ABOUT YOU

First Name _____ MI _____ Last Name _____
Job Title _____ Professional Designation _____
Address _____ City _____ State _____ Zip Code _____ Country _____
Telephone _____ Fax _____ Email address (required) _____

Which of the following services are you presently engaged in? (Check all that apply)

- Training/HR
- Employee benefits
- Claims
- Owner controlled insurance
- Other (please describe) _____
- Risk management services
- Workers comp
- Safety & security
- Loss Control
- Actuarial services
- Pool governance
- Insurance procurement

ABOUT YOUR ORGANIZATION

Current Employer _____ How long have you been with the organization? _____
Type of business: Government entity Corp/Company Non-profit
 Other _____

Is your organization a state Chapter member? ____ If yes, what chapter? ____
How long have you been in risk management? _____

INDIVIDUAL MEMBERSHIP INFORMATION (Check the one category that applies to you)

- Associate Member** (non-voting) - additional individuals from member state agencies, local governments and intergovernmental risk sharing pools. **In order to apply, your entity must first be a member of PRIMA.** --- **\$220.00**
- Corporate Associate** (non-voting) - regional, local and satellite offices of private sector organizations whose corporate headquarter(s) are PRIMA members --- **\$374.00**
- Individual Affiliate** (non- voting) - educators, retired public risk management professionals and federal employees --- **\$220.00**
- Transitional Member** - individuals who are currently unemployed (or between jobs) and seeking employment within the year --- **\$25.00**
- Student Member** - full-time students pursuing a degree in risk management, occupational safety, public administration, insurance or related field --- **\$65.00**
- Faculty** – professors in risk management and insurance in public colleges/universities **1 year complimentary membership**

PAYMENT METHOD AND INFORMATION

Payment for membership dues may be made by check, Visa, MasterCard and American Express. Please remit payment in US dollars, payable to the Public Risk Management Association or simply to PRIMA. **Dues are non-refundable, non-transferable and not prorated.**

For check or money order payments by mail:

Send to: Public Risk Management Association , 700 South Washington Street, Suite 218, Alexandria, VA 22314-4291

Check

For credit card payments:

Complete this form with your credit card information and email to membership@primacentral.org or fax to PRIMA at (703) 739-0200.

Visa **MasterCard** **American Express**

Card No. _____ Exp. Date _____ CVC# _____
Name on the credit card _____ Signature _____
Billing address _____ City _____ State _____ Zip Code _____
Phone # _____ Email address (required for receipt purposes) _____

I have read and agree to PRIMA's Code of Ethics (<http://primacentral.org/resources/codeofethics.pdf>)

Signature _____ Date _____

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